



2020 MONEY TIP SHEET

Medicare Part A		
Part A Premium	40 Tax Credits	\$0/month
	30 - 39 Tax Credits	\$252/month
	Less than 30 Tax Credits	\$458/month
Inpatient Hospital Deductible	Days 1 - 60	\$1,408
Inpatient Hospital Co-payment	Days 61 - 90	\$352/day
Lifetime Reserve Days Co-payment	Days 91 - 150	\$704/day
Skilled Nursing Co-payment	Days 0 - 20	\$0
Skilled Nursing Co-payment	Days 21 - 100	\$176/day
Medicare Part B		
Part B Premium	\$144.60/month (new enrollees & no SSA withdrawal)	
Income Related Monthly Adjustment Amount (IRMAA) Higher premiums for single people with annual incomes of \$85,000 or higher and couples with incomes \$170,000 or higher.		
Beneficiaries enrolled prior to 2017 whose premium is taken out of their monthly Social Security benefit. Premium varies based on hold harmless requirement that the SS benefit not decrease.	(if enrolled prior to 2016) below \$144.60	
Part B Deductible	\$198/year	
Part B Coinsurance/Co-payment	Typically 20% of approved amount	
Medigap High Deductible		
Policies F,G, & J	Annual Maximum \$2,340	
Medigap K & L		
Policy K	Out-of-Pocket Maximum \$5,880	
Policy L	\$2,940	

Sources: Centers for Medicare & Medicaid Services, Medicare Rights Center, Social Security Administration, Missouri Family Support Division



LOCAL HELP FOR PEOPLE WITH MEDICARE



Medicare Part D		
Part D National Average Monthly Premium IRMAA: Higher premiums for single people with annual incomes \$85,000 or higher and couples with incomes of \$170,000 or higher.	\$32.74 (Penalty based on national average. Rounded to the nearest \$.10)	
Standard (Basic) Part D Benefits	What the plan pays	What the beneficiary pays
Deductible	\$0	\$435
Coverage 25/75 split - up to \$4,020 in total drug expenses. Plan pays 75% of total drug cost after deductible if applies.	\$3,015.00	+ \$570.00
Coverage Gap – 25% Beneficiary cost sharing on brand and generics (70% discount on brand name drugs -count toward Troop)		
True out of pocket (TrOOP) maximum 5% coverage on name brands (does not apply to TrOOP) 75% coverage on generics (does not apply to TrOOP)		
Catastrophic Coverage 95% of cost or co-pay whichever is greater After \$9,719.38 in total drug costs	95%	\$3.60 for generics \$8.95 for brand or 5% of cost
Medicare Savings Programs (MSP)	Individual	Couple
QMB ^{1, 3, 5, 6, 7} - Covers Medicare Part A and B premiums, deductibles and coinsurance and Medicare Advantage plan cost sharing	\$12,996/year	\$17,484/year
SLMB ^{1, 3, 5, 6, 7} - Covers Medicare Part B premiums	\$15,552/year	\$20,928/year
QI-1 ^{1, 3, 5, 6, 7} - Covers Medicare Part B premiums (also known as SLMB 2)	\$17,472/year	\$23,520 /year
Resource Limits	\$7,860	\$11,800
Resources exclude burial funds up to \$1,500 per person. (Resource numbers effective Jan. 1 2020. Income limits effective April 1, 2020)		
Medicaid = MO HealthNet	Individual	Couple
MO HealthNet ^{1, 3, 4, 5, 6}	\$11,088/year	\$14,664/year
Resource Limits	\$5,000	\$10,000

Sources: Centers for Medicare & Medicaid Services, Medicare Rights Center, Social Security Administration, Missouri Family Support Division

Part D Low-Income Subsidy (LIS) through Social Security						
LIS Numbers effective January 2020			Single		Couple	
Federal Poverty Levels (Income maximums or below)	Name Brand Co-Pay	Generic Co-Pay	Annual Income *	Asset Limit	Annual Income *	Asset Limit
150% of poverty ^{1, 2, 6,7}	15% ²	15% ²	\$19,380	\$14,610	\$26,100	\$29,160
135% of poverty ^{1, 2, 4, 5, 6,7}	\$8.95 ²	\$3.90 ²	\$17,466	\$9,360	\$23,514	\$14,800
100% of poverty ^{1, 2, 4, 5, 6,7}	\$3.60 ²	\$1.30 ²	\$12,996	\$9,360	\$17,484	\$14,800

* Increases by number of dependents based on FPL

Supplemental Security Income (SSI)	Individual	Couple
SSI ^{3, 4, 5}	\$9,408/year (\$783/mo)	\$14,110/year (\$1,175 /mo)
Resource Limits	\$2,000	\$3,000

KEY:

- 1 - Qualify for quarterly Part D open enrollment period
- 2 - Missouri Rx benefits not shown
- 3 - Federal Poverty Levels (FPL) and resource limits may change April 1st of every year
- 4 - May also qualify for Medicare Savings Program (Assist with application process)
- 5 - Qualify for \$0 premium with full low-income subsidy plan - must be a plan identified by CMS
- 6 - QMB: 100% FPL + \$20/mo; SLMB: 120% FPL + \$20/mo; QI-1: 135% FPL + \$20/mo; MO HealthNet: 85% FPL + \$20/mo;
LIS numbers also include the \$20/mo income disregard.
- 7 - In ALL states, the first \$65 of monthly wages (earned income) and one-half of monthly wages (after the \$65 is deducted) will never be counted for the Medicare Savings Programs (QMB, SLMB & QI-1) or SSA Extra Help

Assist Medicare consumers in applying for:

- Low-Income Subsidy “Extra Help” through the Social Security Administration, www.socialsecurity.gov or with a paper application. Ask a person if they wish to submit an application for a Medicare Savings Program via the Social Security Low-Income Subsidy application.
- Medicare Savings Programs through Family Support Division, <http://www.dss.mo.gov/fsd>, MO HealthNet Application and submit application to local office.



Medicare Assistance Programs

www.missouriclaim.org 1-800-390-3330



Program	Monthly Income	Resources	What it pays for	How to Apply
Extra Help from Social Security	Single \$1,615 Couple \$2,175	Single \$14,610 Couple \$29,160	<ul style="list-style-type: none"> Reduces Part D premiums, deductibles, copays and eliminates the coverage gap based on income and resource level 	Complete On Line Form at www.socialsecurity.gov or Submit Paper Application
Qualifying Individual- 1 (QI-1) <i>(Subject to Federal Funding)</i>	Single \$1,456 Couple \$1,960	Single \$7,860 Couple \$11,800	<ul style="list-style-type: none"> Medicare Part B premium You are auto enrolled in Part D Extra Help, which lowers the cost of premiums, deductibles, copays, coinsurance, and eliminates coverage gaps. 	Local Department of Family Support Office Download form: www.dss.mo.gov/fsd MO HealthNet Application
Specified Low-Income Medicare Beneficiary (SLMB)	Single \$1,296 Couple \$1,744	Single \$7,860 Couple \$11,800	<ul style="list-style-type: none"> Medicare Part B premium You are auto enrolled in Part D Extra Help, which lowers the cost of premiums, deductibles, copays, coinsurance, and eliminates coverage gaps. 	Local Department of Family Support Office Download form: www.dss.mo.gov/fsd MO HealthNet Application
Qualified Medicare Beneficiary (QMB)	Single \$1,083 Couple \$1,457	Single \$7,860 Couple \$11,800	<ul style="list-style-type: none"> Medicare Part A premiums, if applicable Medicare Part B premiums Co-insurance and deductibles for Parts A & B Cost-sharing for Medicare Advantage You are auto enrolled in Part D Extra Help, which lowers the cost of premiums, deductibles, copays, coinsurance, and eliminates coverage gaps. 	Local Department of Family Support Office Download form: www.dss.mo.gov/fsd MO HealthNet Application
MO HealthNet	Single \$924 Couple \$1,222	Single \$5,000* Couple \$10,000*	<ul style="list-style-type: none"> Co-insurance and deductibles for Parts A & B You are auto enrolled in Part D Extra Help, which lowers the cost of premiums, deductibles, copays, coinsurance, and eliminates coverage gaps. May apply for QMB 	Local Department of Family Support Office Download form: www.dss.mo.gov/fsd MO HealthNet Application

Income requirements are current from April 2020 – March 2021.

*MO HealthNet resource limits effective July 1, 2020

Sources: Centers for Medicare & Medicaid Services, Medicare Rights Center, Social Security Administration, Missouri Family Support Division

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